### Case 24-14510-MBK Doc 21 Filed 06/18/24 Entered 06/18/24 08:57:23 Desc Main Document Page 1 of 30

| Debtor 1           | JACQUELINE                | McF                   | ADDEN      |  |
|--------------------|---------------------------|-----------------------|------------|--|
|                    | First Name                | Middle Name           | Last Name  |  |
| Debtor 2           |                           | 10                    |            |  |
| Spouse, if filing) | First Name                | Middle Name           | Last Name  |  |
| Jnited States E    | Bankruptcy Court for the: | District of New Jerse | <b>э</b> у |  |

U.S. DISTRICT COURT DISTRICT OF NEW JERSEY RECEIVED

2024 JUN 18 A 6: 35

☐ Check if this is an amended filing

Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |                               |                       |  |  |
|--|-------------------------------|-----------------------|--|--|
|  | THE PROPERTY                  | ¥                     |  |  |
| Did you pay or agree to                            | pay someone who is NOT an att | orney to help you     | fill out bankruptcy forms?                                     |  |
| ☑ No   | 740. A. 200                   |                       |  |  |
| Yes. Name of person_                               | Pauco vo                      |                       | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |  |
|  | TURBO OF ARRIVE               |                       | Signature (Official Form 119).                                 |  |
| u.   |                               |                       |  |  |
|  |                               | (YE)                  |  |  |
| 2  |                               |                       |  |  |
| Under penalty of perjury that they are true and co |                               | ummary and sched      | lules filed with this declaration and                          |  |
| . A  | na.                           |                       |  |  |
| x Jaguille   | no Mc adalerse                | 70<br>70              | W X  |  |
| Signature of Debtor                                | V                             | Signature of Debtor 2 |  |  |
| Date 06/17/2024                                    | <b>→</b> )                    | Date                  | · ·  |  |
| ININI/ DD / TTT                                    |                               | MIMI DD / TT          | 11   |  |

RECEIVED
JEANNE A. NAUGHTON, CLERK

JUN 18 2024

U.S. BANKRUPTCY COURT
NEWARK, N.J.
DEPUTY

## Case 24-14510-MBK Doc 21 Filed 06/18/24 Entered 06/18/24 08:57:23 Desc Main Document Page 2 of 30

| :Fill in th                                | is information to identify your case and this   | a filingk  |   |  |
|--|---|--|---|--|
| Debtor 1                                   |   | FADDEN<br>Last Namo  |   |  |
| Debtor 2                                   | First Name Middle Name  Filing) First Name Middle Name  | Last Name  |   |  |
|  | ates Bankruptcy Court for the: District of New Jers   |  |   |  |
| Case num                                   | 24-14510  |  | poor  | •  |
|  |   |  | <b>L</b>  | Check if this is an amended filing                   |
| Offic                                      | ial Form 106A/B   |  |   |  |
|  | edule A/B: Propert  | V  |   | 12/15  |
| In each<br>category<br>respons<br>write yo | category, separately list and describe items<br>y where you think it fits best. Be as comple<br>ible for supplying correct information. If mour<br>ur name and case number (if known). Answ | s. List an asset only once. If an asset fits in more<br>te and accurate as possible. If two married people<br>ore space is needed, attach a separate sheet to the<br>ver every question. | e are filing together, bo<br>is form. On the top of a                             | th are equally                                       |
| Part 1:                                    |   | Land, or Other Real Estate You Own or Hav  |   |  |
| □ No                                       | u own or have any legal or equitable interes<br>o. Go to Part 2.<br>es. Where is the property?  | st in any residence, building, land, or similar prop   | erty?   |  |
| 1.1.                                       | 7 HARTMAN DRIVE Street address, if available, or other description  | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative   | Do not deduct secured cla<br>the amount of any secure<br>Greditors Who Have Clain | d claims on Schedule D:<br>ns Secured by Property.   |
|  |   | Manufactured or mobile home  | Current value of the entire property? \$ 400,000.00                               | Current value of the portion you own?  \$ 200,000.00 |
|  | HAMILTON NJ 08690   | ☐ Land ☐ Investment property   | Ψ   | Ψ  |
|  | City State ZIP Code   | Timeshare Other  | Describe the nature of<br>interest (such as fee<br>the entireties, or a life      | simple, tenancy by                                   |
|  |   | Who has an interest in the property? Check one.  | fee simple  | , 001410,, 11 1411011111                             |
|  | MERCER  | Debtor 1 only Debtor 2 only  |   |  |
|  | County  | Debtor 1 and Debtor 2 only   | Check if this is co   | mmunity property                                     |
|  |   | At least one of the debtors and another  Other information you wish to add about this it   | em, such as local   |  |
| lf vou                                     | own or have more than one, list here:   | property identification number:  |   |  |
| 1.2.                                       |   | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain | d claims on Schedule D:<br>ns Secured by Property.   |
|  | Street address, if available, or other description  | Condominium or cooperative  Manufactured or mobile home  | Current value of the entire property?   |  |
|  |   | Land   | \$  | \$   |
|  | City State ZIP Code   | ☐ Investment property ☐ Timeshare ☐ Other  | Describe the nature of interest (such as fee the entireties, or a life            | simple, tenancy by                                   |
|  |   | Who has an interest in the property? Check one.  |   |  |
|  | County  | ☐ Debtor 1 only ☐ Debtor 2 only  |   |  |
|  | County  | Debtor 1 and Debtor 2 only   | Check if this is co   | mmunity property                                     |
|  |   | At least one of the debtors and another  | (see instructions)  |  |
|  |   | Other information you wish to add about this ite property identification number:   |   |  |

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| What is the property? Check all that apply.    Single-family home   Condominium or cooperative   Current value of the current claims or entire property? Check all that apply.   Single-family home   Condominium or cooperative   Current value of the value of  |
|--|
| Single-family home   |
| City State ZIP Code    Condominium or cooperative entire property?   City   State   ZIP Code   Investment property     Land  |
| City State ZIP Code City County Count |
| County  State ZIP Code   |
| County  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  Other information you wish to add about this item, such as local property identification number:  Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.  Describe Your Vehicles  Describe Your Vehicles  The property identification number:  Security Part 1, including any entries for pages  Security |
| County  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only County Other information you wish to add about this item, such as local property identification number:  Other information you wish to add about this item, such as local property identification number:  Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.  Describe Your Vehicles  To use, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles your that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  Cars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  3.1. Make: BUICK Who has an interest in the property? Check one. Model: Debtor 1 only Debtor 2 only Debtor 2 only  Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 7 only  |
| Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:    Other information you wish to add about this item, such as local property identification number:   |
| Describe Your Vehicles  Summary Vehicles, whether they are registered or not? Include any vehicles and Unexpired Leases.  Summary Vehicles  Describe Your Vehicles  Summary Vehicles  Describe Your Vehicles  Describe Your Vehicles  Describe Your Vehicles  Summary Vehicles  Describe Your Vehicles |
| □ At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:  dd the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages ou have attached for Part 1. Write that number here.  Describe Your Vehicles  ou own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  ars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  Make:  BUICK  Who has an interest in the property? Check one.  ENCORE  Debtor 1 only  Debtor 2 only  Creditors Who Have Claims Security Contracts and Creditors Who Have Claims Security Creditors Who  |
| property identification number:  dd the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages ou have attached for Part 1. Write that number here.  Describe Your Vehicles  ou own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  ars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  1. Make:  BUICK  Who has an interest in the property? Check one. Model:  Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries that the property? Check one. Do not deduct secured claims or entries the property?  |
| Describe Your Vehicles  Tou own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  Tars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  BUICK Who has an interest in the property? Check one. Model:  BUICK Debtor 1 only Debtor 2 only  Debtor 2 only   |
| Describe Your Vehicles  ou own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  ars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  1. Make:  BUICK Who has an interest in the property? Check one. Model:  Do not deduct secured claims or expired the amount of any secured claims of each of the amount of any secured claims Secured.  |
| Describe Your Vehicles  Tou own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  Tars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  Make:  BUICK  Who has an interest in the property? Check one.  Model:  Do not deduct secured claims or expired the amount of any secured claims or expired the amount of any secured claims Secured Credition's Who Have Claims Secured Claims  |
| ou own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles with that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  ars, vans, trucks, tractors, sport utility vehicles, motorcycles  No Yes  1. Make:    BUICK   |
| BUICK Who has an interest in the property? Check one.  BUICK Who has an interest in the property? Check one.  Do not deduct secured claims or early the amount of any secured claims or early the amount of any secured claims. Secured claims Secured claims. Secured claims Secured claims.  |
| Model: ENCORE Debtor 1 only the amount of any secured claims of Creditors Who Have Claims Secured.   |
| Debtor 2 only  |
|  |
| Debtor 1 and Debtor 2 only  Current value of the Cu |
| Approximate mileage: 109,000   |
| Check if this is community property (see \$ 3,000.00 \$ instructions)  |
| you own or have more than one, describe here:  |
| 2. Make: HONDA Who has an interest in the property? Check one. Do not deduct secured claims or ex  |
| Z. Make.   |
| Model: CIVIC Debtor 1 only the amount of any secured claims of any |
| Model: Creditors Who Have Claims Secure  2015 Debtor 2 only  |
| Model: Creditors Who Have Claims Secure  Year: 2015  |
| Model: Creditors Who Have Claims Secure  Year: Debtor 1 and Debtor 2 only  Current value of the Current  |

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| Debtor 1 | JACQUELINE                              | MCFADDEN  | Case number (#known) 24-14510   |
|----------|---|---|---|
|          | First Name Middle Name                  | Lasi Namo   |   |
| 3.3,     | Make:                                   | Who has an interest in the prope ☐ Debtor 1 only                      | the amount of any secured claims on Schedule  |
|          | Model:                                  | Debtor 2 only   | Creditors Who Have Claims Secured by Prope  |
|          | Year:                                   | Debtor 1 and Debtor 2 only  | Current value of the Current value of   |
|          | Approximate mileage:                    | At least one of the debtors and an                                    | entire property? portion you ow nother  |
|          | Other information:                      |   |   |
|          |   | Check if this is community pr instructions)                           | roperty (see \$\$   |
| 3.4.     | Make:                                   | Who has an interest in the prope                                      |   |
|          | Model:                                  | Debtor 1 only   | the amount of any secured claims on Schedule<br>Creditors Who Have Claims Secured by Prope  |
|          | Year:                                   | Debtor 2 only   | Current value of the Current value o  |
|          |   | Debtor 1 and Debtor 2 only  | entire property? portion you ow   |
|          | Approximate mileage:                    | At least one of the debtors and an                                    | nother  |
|          | Other information:                      |   | \$ \$   |
|          |   | Check if this is community prinstructions)                            | roperty (see  |
|          | *************************************** |   |   |
|          |   |   |   |
| 4.1.     | Make:                                   | Who has an interest in the proper Debtor 1 only                       | erty? Check one.  Do not deduct secured claims or exemptions. I the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Prope |
|          | Year:                                   | Debtor 2 only   | s more producers a grant trajector construir en appear a superior con construir en construir en con-  |
|          | , , , , , , , , , , , , , , , , , , ,   | Debtor 1 and Debtor 2 only  | Current value of the Current value o  |
|          | Other information:                      | At least one of the debtors and an                                    | nother entire property? portion you own   |
|          |   | ☐ Check if this is community pro<br>instructions)                     | roperty (see \$\$   |
| If you   | own or have more than one, list         | here:   |   |
| 4.2.     | Make:                                   | Who has an interest in the proper                                     | erty? Check one. Do not deduct secured claims or exemptions. I  |
| 7.2.     | Model:                                  | Debtor 1 only   | the amount of any secured claims on <i>Schedule</i><br>Creditors Who Have Claims Secured by Prope   |
|          |   | Debtor 2 only   |   |
|          | Year:                                   | Debtor 1 and Debtor 2 only  | Current value of the Current value o<br>entire property? portion you ow   |
|          | Other information:                      | At least one of the debtors and and                                   | nother  |
|          |   | ☐ Check If this is community pro<br>instructions)                     | roperty (see \$   |
|          | L                                       |   |   |
|          |   | ou own for all of your entries from Part 2, included that number here |   |
| you II   | ave allocated for Fall 2, Wille t       | nation into   |   |
|          |   |   |   |

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Debtor 1

**JACQUELINE** 

MCFADDEN

Case number (if known) 24-14510

| AUTH | A 1017 | 344.26 | <b>建30</b> 世 | GH.  |
|------|--------|--------|--------------|------|
|      | 500    |        | 200          | 22   |
| 3    |        | W 4    | 2.1          | -024 |
| CM.  |        |        | 34.1         | 82   |
| 344  | Mile.  | Sea of | බොව -        | -20  |
| 200  | 20.00  | 300 N  | 15 X         | 300  |

| Do    | o you own or have any legal or equitable interest in any of the following items?  | portion yo                              | ct secured claims  |
|-------|---|---|--|
| 6.    | Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  No  |   |  |
|       | 2 Yes. Describe FURNITURE AND APPLIANCES  | s                                       | 1,000.00   |
| 7.    | Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games   |   |  |
|       | ☐ No ☐ Yes. Describe  | \$                                      | 1,000.00   |
| 8.    | Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  |   |  |
|       | Yes. Describe   | \$                                      | <u>,</u>   |
| 9.    | Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments   |   |  |
|       | Ves. Describe   | \$                                      |  |
| 10.   | Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No  | *************************************** |  |
|       | Yes, Describe   | \$                                      |  |
| 11.   | Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No   |   |  |
|       | Yes. Describe   | \$                                      | 500.00   |
|       | Jeweiry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver  |   |  |
|       | □ No □ Yes. Describe  | \$                                      | 5,000.00   |
|       | Non-farm animals  Examples: Dogs, cats, birds, horses   |   |  |
|       | ☑ No ☐ Yes. Describe  | \$                                      |  |
| 14.   | Any other personal and household items you did not already list, including any health aids you did not list   |   |  |
|       | ☐ No ☐ Yes. Give specific information   | \$                                      |  |
|       | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here   | \$                                      | 7,500.00   |
| h-114 | or action with management and action and action and action and action and action and action action and action action action and action |   | egamma pri no meni aggere proporma no noticino, sa robello a pri a mela rolla. |

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Debtor 1

**JACQUELINE** 

MCFADDEN

Case number (if known) 24-14510

| 30  | 2200 | and f | (Print) | OK HE         | 8  |
|-----|------|-------|---------|---------------|----|
|     |      | 200   | 437     | Will<br>Miles | ¥  |
| 335 | -    | ₩.    | 189     | 140           |    |
| 31  | M.   | 14    | я.      | . 1           | í. |
|     |      |       |         |               |    |

**Describe Your Financial Assets** 

| Do you ow                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |   |  |                                    |             |
|----------------------------|---|---|--|------------------------------------|-------------|
| 16. <b>Cash</b><br>Example | es: Money you h   | nave in your wallet, in your hom                                      | e, in a safe deposit box, and on hand when you fil   | e your petition                    |             |
| ☑ No                       |   |   |  |                                    |             |
| ☐ Yes                      |   |   |  | Cash:                              | \$          |
| 17. <b>Deposit</b> e       | es: Checking, sa  | avings, or other financial accou<br>nilar institutions. If you have m | nts; certificates of deposit; shares in credit unions,<br>ultiple accounts with the same institution, list each. | brokerage houses,                  |             |
| ☐ No<br>☑ Yes.             |   |   | Institution name:  |                                    |             |
|                            |   | 17.1. Checking account:   | TD BANK  |                                    | \$ 1,000.00 |
|                            |   | 17.2. Checking account:   |  |                                    | \$          |
|                            |   | 17.3. Savings account:  |  |                                    | \$          |
|                            |   | 17.4. Savings account:  |  |                                    | \$          |
|                            |   | 17.5. Certificates of deposit:  |  |                                    | \$          |
|                            |   | 17.6. Other financial account:  |  |                                    | \$          |
|                            |   | 17.7. Other financial account:  |  |                                    | \$          |
|                            |   | 17.8. Other financial account:  |  |                                    | \$          |
|                            |   | 17.9. Other financial account:  |  |                                    | \$          |
|                            |   |   |  |                                    |             |
|                            |   | or publicly traded stocks<br>nvestment accounts with broke            | rage firms, money market accounts  |                                    |             |
| Yes.                       | ***********   | Institution or issuer name:   |  |                                    |             |
|                            |   |   |  |                                    | \$          |
|                            |   |   |  |                                    | \$          |
|                            |   |   |  |                                    | Ψ           |
|                            |   | ock and interests in incorpor<br>nd joint venture                     | ated and unincorporated businesses, including  | g an interest in                   |             |
| 🗹 No                       |   | Name of entity:   |  | % of ownership:                    |             |
|                            | Give specific nation about  |   |  | 0%%                                | \$          |
|                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |  | 0% <sub>%</sub><br>0% <sub>%</sub> | \$          |
|                            |   |   |  | U 70%                              | \$          |
|                            |   |   |  |                                    |             |

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|                               | JELINE                                       | MCFADDEN                                   | Case number (// known) 24-14510                |   |
|-------------------------------|--|--|--|---|
| First Name                    | Middle Name                                  | £ast Name                                  |  |   |
| 20 Covernment and             | cornorato bonde one                          | l other negotiable and non-negotial        |  | SOMETHINGS STORES AND |
|                               | •  | checks, cashiers' checks, promissory       |  |   |
| Non-negotiable ins            | struments are those yo                       | u cannot transfer to someone by sign       | ing or delivering them.                        |   |
| 🗹 No                          |  |  |  |   |
| Yes. Give specinformation abo |  |  |  |   |
| them                          |  |  | \$   | <del>-</del>  |
|                               | <b>*************************************</b> |  |  |   |
|                               |  |  | <b>\$</b>                                      |   |
| 21. Retirement or per         | nsion accounts                               |  |  |   |
|                               |  | gh, 401(k), 403(b), thrift savings accou   | ints, or other pension or profit-sharing plans |   |
| <b>☑</b> No                   |  |  |  |   |
| Yes. List each                |  |  |  |   |
| account separa                | ately. Type of account                       | : Institution name:                        |  |   |
|                               | 401(k) or similar                            | plan;                                      | <u> </u>                                       |   |
|                               | Pension plan:                                |  | <u> </u>                                       |   |
|                               | IRA:   |  | <u> </u>                                       |   |
|                               | Retirement accou                             | int:                                       | <u> </u>                                       |   |
|                               | Keogh:                                       |  | <b>\$</b>                                      |   |
|                               | Additional accour                            | ıt;  | <u> </u>                                       |   |
|                               | Additional accour                            | nt:  | \$   |   |
|                               |  |  | •  |   |
| 22. Security deposits         | and prepayments                              |  |  |   |
| · ·                           |  | ve made so that you may continue se        | rvice or use from a company                    |   |
|                               | ents with landlords, p                       | epaid rent, public utilities (electric, ga |  |   |
|                               | 75   |  |  |   |
| ☑ No                          |  |  |  |   |
| ☐ Yes                         |  | Institution name or individual:            |  | •   |
|                               | Electric:                                    | <u></u>                                    | <u> </u>                                       |   |
|                               | Gas:   |  | <u> </u>                                       |   |
|                               | Heating oil:                                 |  | <u> </u>                                       |   |
|                               | - ,  | on rental unit:                            | <u> </u>                                       |   |
|                               | Prepaid rent:                                |  | <u> </u>                                       |   |
|                               | Telephone:                                   |  | \$   |   |
|                               | Water:                                       |  | <u> </u>                                       |   |
|                               | Rented furniture:                            |  | <u> </u>                                       |   |
|                               | Other:                                       | <u></u>                                    |  |   |
|                               |  |  |  |   |
| ·                             | act for a periodic paym                      | ent of money to you, either for life or    | for a number of years)                         |   |
| <b>Ø</b> No                   |  |  |  |   |
| ☐ Yes                         | Issuer name and                              | description:                               |  |   |
|                               |  |  | \$   |   |
|                               | <del></del>                                  |  | <u> </u>                                       |   |

Official Form 106A/B

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| Debto          | · •                               | QUELINE<br>Name Middle f                | viame La         | MCFADDEN<br>osl Name   | Case numbe   | (if known) 24-14510  |  |
|----------------|-----------------------------------|---|------------------|--|--|--|--|
| 26             |                                   | education IRA<br>30(b)(1), 529A(l       |                  |  | rogram, or under a qualified s   | tate tuition program.  | kkalari siskata Makalara siskata periodi periodi periodi keta satu seriala keta sakata (natur. eri |
|                |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Institution nam  | ne and description. Sepa   | rately file the records of any inte  | rests.11 U.S.C. § 521(c  | ):   |
|                |                                   |   |                  |  |  |  | \$   |
|                |                                   |   |                  |  |  |  | \$   |
|                |                                   |   |                  |  |  |  | \$   |
|                |                                   | ole or future int<br>r your benefit     | terests in prop  | erty (other than anythi  | ng listed in line 1), and rights   | or powers  |  |
| Ø              |                                   | r                                       | -\               |  |  | ## ## /# / DAIL ## / PP # 11 / DAIL ## / | mark to  |
|                | Yes. Give s information           | specific<br>about them                  |                  |  |  |  | \$   |
| Exa            | amples: Inte<br>No<br>Yes. Give s | rnet domain nar                         | · ·              | rets, and other intellect<br>proceeds from royalties a   | ual property<br>and licensing agreements   |  | <b>s</b>   |
| 27 Lice        | enses, fran                       | <br>chises, and oth                     | ner general int  | angibles   | A A A MANAGEMENT AND A A A MANAGEMENT AND A A MANAGEMENT AND A MANAGEMENT  | ndet German Allah Bilan Salam (di sensam) emban Salam ambah di sensam Salam (di sensam bah sensam di sensam di | mi.  |
|                |                                   |   | _                | -  | n holdings, liquor licenses, profe   | ssional licenses   |  |
| Ø              |                                   | معم                                     |                  |  |  |  | <b>-</b>   |
|                | Yes. Give s<br>information        | pecific<br>about them                   |                  |  |  |  | \$   |
|                |                                   | L                                       |                  |  |  |  | ]  |
| Money          | or propert                        | y owed to you?                          | <b>?</b>         |  |  |  | Current value of the portion you own?  |
|                |                                   |   |                  |  |  |  | Do not deduct secured claims or exemptions.  |
| 28. <b>Tax</b> | refunds ov                        | ved to vou                              |                  |  |  |  |  |
| Ø              |                                   | · · · · · · · · · · · · · · · · · · ·   |                  |  |  |  |  |
|                |                                   | pecific informati                       |                  |  |  | Federal:   | \$   |
|                |                                   | them, including ready filed the re      |                  |  |  | State:   | \$   |
|                | and the                           | e tax years                             |                  |  |  | Local:   | <b>5</b>   |
|                |                                   |   | <u> </u>         |  |  |  |  |
|                | •                                 |   | m alimony, spo   | usal support, child suppo  | ort, maintenance, divorce settler  | nent, property settleme  | nt   |
|                |                                   | pecific informati                       | on               |  |  |  |  |
|                |                                   |   |                  |  |  | Alimony:   | \$   |
|                |                                   |   |                  |  |  | Maintenance:   | \$   |
|                |                                   |   | us a constant    |  |  | Support:   | \$   |
|                |                                   |   |                  |  |  | Divorce settlement:  | \$   |
|                |                                   |   | Edward Comp.     | - Central Control Cont | The second secon | Property settlement:   | \$   |
| Exa            | <i>mples:</i> Unpa<br>Soci        |   | oility insurance | payments, disability ben<br>ns you made to someon  | efits, sick pay, vacation pay, wo<br>e else  | rkers' compensation,   |  |
| <b>Ø</b>       |                                   |   |                  | man mand d'hanilliùn mar mar a a regen d'an bright dies al bhand had an libre an Leide an Claid (1800). The libre and the libre  |  |  | î.   |
|                | Yes. Give sp                      | pecific information                     | on               |  |  |  | \$   |
|                |                                   |   |                  |  |  |  | T  |

Official Form 106A/B

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|               | ebtor 1                                      | JACQUELINE  | MCFADDEN  | Case number (#known) 24-14510   |   |
|---------------|--|---|---|---|---|
|               |  | First Name Middle Name  | Last Name   |   |   |
| 31            | . Interests                                  | s in Insurance policies   | val mata em processor das constituires transcriptions un ment este este este este este este este e              | annede Ette et regulation (1995) (v dec ) - end - et an it 2004 (1904) (v det) et Edit Butte de vertier (1904) (1905) (1905) (1905) (1905) (1905) (1905) (1905) | y g. mar y 10 dialon y 6000 in Limited DOCO (1907). Bir things 60,000 ft, sized in 10 dialonin (1904) for 178 |
|               |  | •   | ce; health savings account (HSA);   | credit, homeowner's, or renter's insurance  |   |
|               | ☑ No   |   |   |   |   |
|               | ☐ Yes.                                       | Name the insurance company of each policy and list its value  | Company name:   | Beneficiary:  | Surrender or refund value:  |
|               |  | • •   |   |   | \$  |
|               |  |   |   |   | \$  |
|               |  |   |   |   | \$  |
| 32            | If you are                                   | rest in property that is due you<br>e the beneficiary of a living trust, e<br>because someone has died. | from someone who has died<br>expect proceeds from a life insurance  | e policy, or are currently entitled to receive  |   |
|               | ☑ No   |   |   |   | <del></del> 1   |
|               | Yes.   | Give specific information   |   |   | \$  |
|               |  |   |   |   |   |
| 33            |  |   | not you have filed a lawsuit or mes, insurance claims, or rights to sue   |   | ,   |
|               | ☑ No   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | -,  |   |   |
|               | ☐ Yes.                                       | Describe each claim   |   |   |   |
|               | 046  |   | a of overvious including only   | nterclaims of the debtor and rights   | Ψ   |
| 34            | to set of                                    |   | is or every nature, including coul  | itercialists of the debior and rights   |   |
|               | ☑ No   |   |   |   | 7   |
|               | ☐ Yes.                                       | Describe each claim   |   |   | \$  |
|               |  |   |   |   |   |
| 35.           | Any fina                                     | ncial assets you did not already  | list  |   |   |
|               | ☑ No   | ſ   |   |   |   |
|               | ☐ Yes.                                       | Give specific Information   |   |   | \$  |
|               |  | ·   |   |   |   |
| 36.           | Add the                                      | dollar value of all of your entrie  | s from Part 4, including any entri  | es for pages you have attached  | s 0.00  |
|               | ioi i aic-                                   | Trick trace realists from the same  |   |   |   |
| 77 Table 1947 | nyy in y a manana nar'hone 25 ar'i 1786, fin | al ( g » + « « «біліні і і і і і і і і і і і і і і і і і  | омуния в местимного в Астории учести подращител стимента проводительного того заучественного подраждения в пове | man, Eline, 1975-197 通过,在中国的国际企业企业企业企业企业,但不是企业企业,在企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业  | 17.3gg mg sadarifusarah a 1962 o a 4 - 2 1993 a ga 67.3k  |
| Pe            | rit 5:                                       | Describe Any Business-l   | Related Property You Owi  | ı or Have an Interest In. List any r  | eal estate in Part 1.   |
|               | D  | barra carrifacial as assistat   | ole interest in any business-relate   | d aronartu?   |   |
| 37.           | _  | own or nave any regal or equitat<br>So to Part 6.   | ne iliterest ili aliy busilless-relate  | tu property:  |   |
|               |  | Go to line 38.  |   |   | :   |
|               |  |   |   |   | Current value of the  |
|               |  |   |   |   | portion you own?  Do not deduct secured claims  |
|               |  |   |   |   | or exemptions.  |
| 38.           |  | s receivable or commissions yo  | u already earned  |   |   |
|               | ☑ No   | 700-00-00-00-00-00-00-00-00-00-00-00-00-  |   |   | 7   |
|               | Yes. □                                       | Describe  |   |   | \$  |
| 39.           | Office ea                                    | uipment, furnishings, and supp  | olies   |   | -d  |
|               | Examples:                                    |   |   | es, rugs, telephones, desks, chairs, electronic devices   |   |
|               | ☑ No   |   | haqqaqaanan ama'anin in aa abaasaa amaa aa  |   |   |
|               |  | Describe  |   |   | \$  |
|               |  | L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |   |   |

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| Debtor 1                                      | JACQUEL                                  |                          | MCFADDEN   | Case number (#known) 24-14510  |   |
|---|--|--------------------------|--|--|---|
|   | First Name                               | Middle Name              | tasi Name  |  |   |
| 40 Machine                                    | erv. fixtures, ec                        | guinment.                | supplies you use in business, and too  | ls of your trade   |   |
| ₩ No  | ,  |                          |  |  |   |
|   | Describe                                 |                          |  |  | <b>_</b>                                    |
|   |  |                          |  |  |   |
| 41. Inventor                                  | · · ·                                    |                          |  |  |   |
| ☑ No  | · <b>,</b>                               |                          | A STATE OF THE STA |  |   |
| Yes.  | Describe                                 |                          |  |  | \$  |
|   | h  | L**                      |  |  | ······································      |
|   | s in partnershi                          | ps or joint              | ventures   |  |   |
| ☑ No  | Depariba                                 |                          |  |  |   |
| ₩ res.  | Describe                                 | Name of er               |  | % of ownership:  |   |
|   |  |                          |  |  | \$<br>\$                                    |
|   |  |                          |  |  | \$\$  |
|   | •  |                          |  |  | •   |
|   | er lists, mailing                        | g lists, or c            | ther compilations  |  |   |
| ₩ No<br>□ Yes.                                | Do your lists i                          | nclude pe                | sonally identifiable information (as de  | efined in 11 U.S.C. § 101(41A))?   |   |
|   | □ No                                     | norado por               | oonany raominano mormanon (ao a  | ,  |   |
|   | Yes. Descr                               | ibe                      |  |  |   |
|   |  |                          |  |  | \$  |
| 44. Any busi                                  | iness-related p                          | oroperty yo              | ou did not already list  |  |   |
| ₩ No  |  |                          | •  |  |   |
|   | Give specific                            |                          |  |  | \$  |
| ***************************************       |  |                          |  |  | \$  |
|   |  |                          |  |  | \$  |
|   |  |                          |  |  | \$  |
|   |  |                          |  |  | \$  |
|   |  |                          |  |  | \$  |
| 45 Add tha                                    | dollar value of                          | fall of you              | r entries from Part 5, including any en  | tries for nages you have attached  | 0.00  |
|   |  |                          |  | →  | \$0.00                                      |
| - segment householders to the electronical to | пешьми учення учення стальных ат оченнях |                          | н от том том том том том том том том том   | TO STORM FROM THE STORM AND TH |   |
|   |  |                          |  |  |   |
|   |  |                          | nd Commercial Fishing-Related I<br>erest in farmland, list it in Part 1.   | Property You Own or Have an Interest In  | •   |
| 4.00  |  |                          |  |  |   |
|   |  | y legal or               | equitable interest in any farm- or com   | mercial fishing-related property?  |   |
|   | Go to Part 7.<br>Go to line 47.          |                          |  |  |   |
| ☐ res.  | Go to line 47.                           |                          |  |  | Current value of the                        |
|   |  |                          |  |  | portion you own?                            |
|   |  |                          |  |  | Do not deduct secured claims or exemptions. |
| 47. Farm ani                                  | mals                                     |                          |  |  | A STANDARD CONTRACTOR                       |
| ="  | s: Livestock, po                         | ultry, farm-             | raised fish  |  |   |
| ☐ No  |  | MOTER NORTH ANNUAL CREEK |  |  | · · · · · · · · · · · · · · · · · · ·       |
| ₩ Yes   |  |                          |  |  |   |
|   |  |                          |  |  | \$  |

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| Debtor 1  | JACQUEL  | INE   | MCFADDEN   |  |  | Case number (If known) 24-14510  |  |
|---|--|---|--|--|--|--|--|
|   | First Name   | Middle Name   | tasi Name  |  |  |  |  |
| 40 Czama  | attle an announter   |   |  |  |  |  |  |
| 48. Crops—  | either growing   | j or narvested  |  |  |  |  |  |
|   | s. Give specific   | Water Committee of the |  |  |  |  | _  |
| info  | rmation  |   | i in die Schreit der von Europe bei en die Schreit der de komme kerne und der eine eine mehr der eine der eine   |  |  | NA LEGISTRA  | \$   |
|   | nd fishing equi  | oment, implen   | ents, machinery, fixtures  | s, and too   | ls of trade  |  |  |
| ☐ No<br>☐ Yes   | ·  |   | ***************************************  |  |  |  |  |
|   |  |   |  |  |  |  | \$   |
| 50. Farm ar   | "<br>nd fishing supp   | lies, chemical  | s, and feed  |  | AND THE PERSON OF THE PERSON O | ######################################   | <del></del>  |
| ☐ No  |  | ,   | •  |  |  |  |  |
| ☐ Yes   | ·  |   |  |  |  |  |  |
|   |  |   |  |  |  |  | \$   |
| -   | m- and comme   | rcial fishing-re  | lated property you did no  | ot already   | list   |  |  |
| ☐ No<br>☐ Yes   | . Give specific  |   |  |  |  |  |  |
|   | rmation  | ad Philippe - which have been a subsequently but a  | \$\\dag{\text{2}}\\t   |  | 20-15552077-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12   |  | \$   |
| 52. Add the   | e dollar value o   | f all of your en  | tries from Part 6, includi   | ng any en  | tries for pages  | you have attached  | \$ 0.00  |
| for Part  | t 6. Write that n  |   |  |  |  |  | Ψ  |
| a de la   | Carrier and Addition of the Additional Control of the Addition | Latti and Et Littliffed and Little And The et Table 9 recognitive   | 37 YOO OOL TOUR HANDOON INCOMEDIATION OF THE WAS COMEDIATED AND AND AND AND AND AND AND AND AND AN   | LENGTH LIPPERS A SER   | - COMPANIES TOTAL OF SOME OF BUILDING CONTRACTOR CONTRA | and a manufacture of the contributions of a resident and a contribution of the first of the first of the first | egenggaskaund die lie se stellen beginne mit die Provinsielle (E. 100-ba). A Villige Van Laute (1000) is   |
| Part 7:   | Describe A   | di Property   | You Own or Have a  | ın Inter   | est in That  | You Did Not List Above   |  |
| 52 Bo vou   | have other are   | norty of any k  | nd you did not nicendy li  | n+")   | ren ezere eta eta eta eta eta eta eta eta eta et   |  | and a record - A failure rate for country - of the old transfer and there are a  |
| Pair 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership |  |   |  |  |  |  |  |
| 53. Do you have other property of   |  | n-14-14-14-14-14-14-14-14-14-14-14-14-14-   |  |  |  | \$   |  |
|   | . Give specific  |   |  |  |  |  | \$<br>\$   |
|   |  |   |  |  |  |  | \$   |
|   | S.   | CHENTOWERE CONTRACTOR | Meditelities and resident the protection of the control of the con |  |  | and the second residual property and the second |  |
| 54. Add the   | dollar value of  | all of your en  | ries from Part 7. Write th   | at numbe   | r here   | <b></b>  | \$   |
| en e  | enganis analysis services of the second servi | TELEVISION DE L'ESTA DE MESTE ESTA ESTA ESTA ESTA ESTA ESTA ESTA  | land som an and the second section of the second section of the second section of the second section of the sec  | renara properti de la comercia de l | of Alg Personau of the activities of the Living and a  |  | ettikusennen illiinin minnin mannan esintyöin soonveni tääkeviin yövet   |
| Part 8:   | List the To  | tals of Eac   | h Part of this Form  |  |  |  |  |
|   |  |   |  |  |  |  | £ 200,000.00   |
| 55. Part 1: T   | Total real estate  | , line 2  | .,,  |  |  | ≯  | \$   |
| 56. Part 2: T   | Total vehicles, l  | ine 5   |  | \$   | 4,500.00   | •  |  |
| 57. Part 3: T   | otal personal a  | nd household  | items, line 15   | \$   | 7,500.00   | -  |  |
| 58. Part 4: T   | otal financial a   | ssets, line 36  |  | \$   | 1,000.00   |  | ;<br>;   |
| 59. Part 5: T   | otal business-   | elated proper   | y, line 45   | \$   | 0.00   |  | ,  |
| 60. Part 6: T   | otal farm- and   | fishing-related   | property, line 52  | \$   | 0.00   |  | į  |
| 61. Part 7: T   | otal other prop  | erty not listed   | , line 54  | + \$   | 0.00   |  |  |
| 62. Total pe  | rsonal property  | . Add lines 56  | hrough 61  | \$   | 13,000.00  | Copy personal property total 🍑   | + \$ 13,000.00   |
|   |  |   |  |  |  |  | NATE AND INTERPRETATION OF THE INVESTMENT OF THE PROPERTY OF T |
| 63 Total of   | all property on  | Schedule A/R  | Add line 55 + line 62  |  |  |  | s 213,000.00   |
| 55, 1 5tal 61   | an property on   | Consums MD.   | A COUNTRIES OF THE OWNER.  |  | ••••••   |  | * <u> </u>   |

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| Fill in this in     | formation to identify     | your case:          |           |
|---------------------|---------------------------|---------------------|-----------|
| Debtor 1            | JACQUELINE                |                     | McFADDEN  |
|                     | First Name                | Middle Name         | Last Name |
| Debtor 2            |                           |                     |           |
| (Spouse, if filing) | First Name                | Middle Name         | Łasi Name |
| United States I     | Bankruptcy Court for the: | District of New Jer | sey       |
| Case number         | 24-14510                  |                     |           |
| (If known)          |                           |                     |           |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | 1e Property | You | Claim | as | Exemp |
|---------|------------|-------------|-----|-------|----|-------|
|---------|------------|-------------|-----|-------|----|-------|

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

| 2. | For any proper                              | ty you list on <i>Schedule A/B</i> ti                      | nat you claim as exem                | pt, fill in the information below.   |                                    |
|----|---|--|--------------------------------------|--|------------------------------------|
|    |   | on of the property and line on<br>that lists this property | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption |
|    | # 11 1<br>1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  | Copy the value from Schedule A/B     | Check only one box for each exemption.   |                                    |
|    | Brief<br>description:                       | CLOTHES  | \$ <u>500.00</u>                     | <b>Q</b> \$  | 522                                |
|    | Line from<br>Schedule A/B:                  | 11   |                                      | ☑ 100% of fair market value, up to any applicable statutory limit  |                                    |
|    | Brief<br>description:                       | FURNITURE, ETC   | \$ <b>1,</b> 000.00                  | <u></u> \$   | 522                                |
|    | Line from<br>Schedule A/B:                  | 6  |                                      | 100% of fair market value, up to any applicable statutory limit  |                                    |
|    | Brief<br>description:                       | TELEVISION   | \$ 1,000.00                          | <b>D</b> \$  | 522                                |
|    | Line from<br>Schedule A/B:                  | 7  |                                      | √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value statutory limit  √ 100% of fair market |                                    |
| 3. | (Subject to adjust                          | •  | years after that for case            | s filed on or after the date of adjustment.) 1,215 days before you filed this case?  |                                    |

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Debtor 1

JACQUELINE First Name Middle N

McFADDEN

Last Name

Case number (if known) 24-14510

|       | fin e ji | 300    |          |
|-------|----------|--------|----------|
| W/P   |          |        |          |
| 166 i | 4 1      | 18     | 4 総      |
| 200   | 8/10/2   | 22.5   |          |
|       |          | ST 122 | 207 XF83 |

#### **Additional Page**

|  | on of the property and line<br>VB that lists this property | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption |
|--|--|--------------------------------------|--|------------------------------------|
| on schedule z  | va machists and property                                   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption  |                                    |
| Brief<br>description:<br>Line from                       | JEWELRY 12   | \$5,000.00                           | □ \$<br>✓ 100% of fair market value, up to<br>any applicable statutory limit | 522                                |
| Schedule A/B: Brief description: Line from Schedule A/B: | A 15 15 15 15 15 15 15 15 15 15 15 15 15                   | \$                                   | \$   | 522                                |
| Brief description: Line from Schedule A/B:               | Household Goods  | \$1,000.00                           | \$ \$ 100% of fair market value, up to any applicable statutory limit        | 522                                |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | □ \$<br>□ 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$<br>100% of fair market value, up to<br>any applicable statutory limit     |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:      |  | \$                                   | \$<br>100% of fair market value, up to<br>any applicable statutory limit     |                                    |

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|                                 | formation to identify  JACQUELINE     |                                    | FADDEN    |   |                                 |
|---------------------------------|---------------------------------------|------------------------------------|-----------|---|---------------------------------|
| Debtor 1                        | First Name                            | Middle Name                        | Last Name |   |                                 |
| Debtor 2<br>(Spouse, if filing) | First Name  Bankruptcy Court for the: | Middle Name  District of New Jerse | Last Name | _ |                                 |
| Case number<br>(If known)       | 24-14510                              |                                    |           |   | Check if this is amended filing |
|                                 |                                       |                                    |           |   | _                               |
| Official                        | Form 106D                             |                                    |           |   | •                               |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

| Do any creditors have claims secured by your property?   |
|--|
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form |
| ☑ Yes. Fill in all of the information below.   |

| RATION List All Secured Claims   |   |   |  |   |
|--|---|---|--|---|
| for each claim. If more than one creditor h  | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.              | Column A Amount of claim Do not deduct the value of collateral. | Golumn B<br>Value of collateral<br>that supports this<br>claim | Column G<br>Unsecured<br>portion<br>If any  |
| 2.1 PNC BANK   | Describe the property that secures the claim:   | \$450,000.00  | \$ 400,000.00  | <sub>\$</sub> 50,000.00   |
| Creditor's Name c/o PennyMac Loan Serv. LLC Number Street  | SINGLE FAMILY RESIDENCE   |   | •  |   |
| 3232 Newmark Dr,   | As of the date you file, the claim is: Check all that apply.  | _   |  |   |
| Miamisburg OH 45342 City State ZIP Code  | Contingent Unliquidated Disputed  |   |  |   |
| Who owes the debt? Check one.  | Nature of ilen. Check all that apply.   |   |  |   |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a                          | An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) | - '   |  |   |
| community debt  Date debt was incurred   | Last 4 digits of account number   |   |  |   |
| IRS  | Describe the property that secures the claim:   | \$  | \$   | B   |
| Creditor's Name  |   | ]   |  |   |
| Number Street  |   |   |  |   |
| CINNCINATTI OH 45999 City State ZIP Code   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  |   |  |   |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |   |  |   |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)    | -   |  |   |
| Date debt was incurred   | Last 4 digits of account number   | Trend ha salver amountains. Vacabled to the conflict factors    | O/N1+7%#255T+6688885#855825#25#25#26                           | estador de la composição |
| Add the dollar value of your entries in (  | Column A on this page. Write that number here:  | \$450,000.00  | A  |   |

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Case number (if known)\_24-14510 **McFADDEN** JACQUELINE Debtor 1 First Name Middle Name Last Name Column B Column Ĉ Column A **Additional Page** Value of collateral Amount of claim Unsecured Davida After listing any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. claim value of collateral, f any STATE OF NEW JERSEY Describe the property that secures the claim: Creditor's Name **PO BOX 666** Number As of the date you file, the claim is: Check all that apply. 08646 Contingent TRENTON Unliquidated ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number CAPITAL ONE Describe the property that secures the claim: Creditor's Name PO BOX 71083 Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent CHARLOTTE NC 28272 Unliquidated State ZIP Code Disputed Who owes the debt? Check one Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of Ilen. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

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| Debte    | or 1                        | JACQUELINE First Name Middle Name   | McFAD   | DEN  | Case number (# known) 24-14510   |
|----------|-----------------------------|---|---|--|--|
| Ţ,       | ant 2:                      | List Others to Be No  |   | That You Already   | y Listed   |
| ag<br>yo | jency is t<br>u have n      | rying to collect from you fo  | r a debt you owe to<br>ny of the debts that   | someone else, list the you listed in Part 1,   | a debt that you already listed in Part 1. For example, if a collection<br>ne creditor in Part 1, and then list the collection agency here. Similarly, if<br>list the additional creditors here. If you do not have additional persons to |
| П        |                             |   |   |  | On which line in Part 1 did you enter the creditor?  |
| L        | Name                        |   |   |  | Last 4 digits of account number  |
|          |                             |   |   |  | <u></u>  |
|          | Number                      | Street  |   |  |  |
|          |                             |   |   |  | _  |
|          | City                        |   | State   | ZIP Code   | _  |
|          | MARKET OF BETWEEN CHO       | nie grangerands priedrich in 1420 de die European en i der en eine er en eine er en eine er en eine er en eine<br>Er en eine er en eine   | unicada de esperta períodes e machineres es a comprese escar  | единаличного (1964-), Убен 4 (20 2007) в Войн 4 Убеновачского  | On which line in Part 1 did you enter the creditor?  |
| ب        | Name                        |   |   |  | Last 4 digits of account number  |
|          |                             |   |   |  |  |
|          | Number                      | Street  |   |  |  |
|          |                             |   |   |  | <u></u>  |
|          | City                        |   | State   | ZIP Code   | _  |
|          | graf eddison na na teath    | 型: [1] [1] [2] [2] 《 [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]  | and the first of the section of the | PROCESSOR OF THE CONTRACTOR OF A STREET OF THE CONTRACTOR OF THE C | On which line in Part 1 did you enter the creditor?  |
| Ш        | Name                        |   |   |  | Last 4 digits of account number  |
|          |                             |   |   |  |  |
|          | Number                      | Street  |   |  |  |
|          | <u> </u>                    |   |   |  | <del>-</del>   |
|          | City                        |   | State   | ZIP Code   | _  |
|          | CERCRETATION TERREST        | 8年9年12日(1985年8月)(198 | aggeneration and the specific desired and the specific property of the | an na 132 agus agus an amar à Chèile de la Ghèile Aire ann an 1747. T  | On which line in Part 1 did you enter the creditor?  |
| <u>.</u> | Name                        |   |   |  | Last 4 digits of account number  |
|          | <del></del>                 |   |   |  | <b></b>  |
|          | Number                      | Street  | •   |  |  |
|          |                             |   |   |  |  |
|          | City                        |   | State   | ZIP Code   |  |
|          | T FF SET WILLIAM SERVES STO |   | in annen en 1727 eg primadikalang (2020).   | ing a managang paggan at PN PEPPR PROPERTY.  | On which line in Part 1 did you enter the creditor?  |
| ப<br>:   | Name                        |   |   |  | Last 4 digits of account number  |
|          |                             |   |   |  | _  |
| :        | Number                      | Street  |   |  |  |
|          |                             |   |   |  |  |
|          | City                        | ,   | State   | ZIP Code   | -  |
| <br>     | acanson de pres en pres     |   |   | entulik (1-4 mpg. 9 mg. 1970 pg. 198 ak-talen zaalatatak (1-4 mpg. 1990 pg.  | On which line in Part 1 did you enter the creditor?  |
| <u></u>  | Name                        |   |   |  | Last 4 digits of account number  |
|          |                             |   |   |  | _  |
|          | Number                      | Street  |   |  |  |
|          |                             |   |   |  |  |
| :        | City                        |   | State   | ZiP Code   |  |

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| Debtor 1                                     | JACQUELINE                |                   | McFADDEN  | _                   |  |
|--|---------------------------|-------------------|-----------|---------------------|--|
|  | First Name                | Middle Name       | Last Name |                     |  |
| Debtor 2<br>(Spouse, if filing)              | First Name                | Middle Name       | Last Name | -                   |  |
| United States I<br>Case number<br>(If known) | 3ankruptcy Court for the: | District of New J | ersey<br> | ☐ Check i<br>amende |  |
| Afficial E                                   | orm 106E/F                |                   |           |                     |  |
| Jiliciai F                                   |                           |                   |           |                     |  |

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| any        | additional pages, write your name and case nur  | nber (if known).  |                                      |                                    |                             |
|------------|---|---|--------------------------------------|------------------------------------|-----------------------------|
| Par        | List Ail of Your PRIORITY Unsecure  | ed Claims   |                                      |                                    |                             |
| 2.  <br>6. | each claim listed, identify what type of claim it is. If a  | editor has more than one priority unsecured claim, list th<br>a claim has both priority and nonpriority amounts, list th<br>laims in alphabetical order according to the creditor's na<br>Part 1. If more than one creditor holds a particular claim  | at claim here an<br>ame. If you have | nd show both រ<br>e more than tv   | oriority and<br>vo priority |
| 2.1        | IRS Priority Creditor's Name  Number Street   | Last 4 digits of account number   | \$                                   | . \$                               | \$                          |
|            | Cincinatti OH 45999 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify |                                      | Charlingsingsteeling Staty (Staty) |                             |
| 2.2        | STATE OF NJ Priority Creditor's Name PO BOX 666 Number Street   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  |                                      | \$                                 | _ \$                        |
|            | TRENTON NJ 08646  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes  | Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify   |                                      |                                    |                             |

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Case number (if known) 24-14510 **JACQUELINE** McFADDEN Debtor 1 Payt 24 List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim **CAPITAL ONE** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 71083 Number Street CHARLOTTE NC 28272 As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ■ Student loans Obligations arising out of a separation agreement or divorce ☐ Check If this claim is for a community debt that you did not report as priority claims

| Number Street   |           | As of the date you file, the claim is: Check all that apply.  |
|---|-----------|---|
| Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a Is the claim subject to offset? No Yes | l another | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |
|   |           | Last 4 digits of account number   |

Contingent

☐ Disputed

☐ Unliquidated

Student loans

Other, Specify\_

☐ Other, Specify \_

Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number \_\_\_\_ \_

When was the debt incurred?

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

ZIP Code

☐ No

Yes

Is the claim subject to offset?

Nonpriority Creditor's Name

Nonoriority Creditor's Name

Debtor 1 only

Debtor 2 only

Who incurred the debt? Check one.

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Number

☐ No

☐ Yes

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Debtor 1

JACQUELINE

McFADDEN

Case number (if known) 24-14510

| ŵ  |    | 30 | 渡 | *  |    |
|----|----|----|---|----|----|
| *  | 20 |    |   | 34 | ď. |
| 靈  | 1  | 71 | и |    | Π  |
| Ž. | Į. |    | 緎 |    | 漤  |

### Add the Amounts for Each Type of Unsecured Claim

|                |     |   | - Colonia |  |
|----------------|-----|---|-----------|--|
| 6. Total the a | mo  | unts of certain types of unsecured claims. This informants for each type of unsecured claim.            | ation i   | is for statistical reporting purposes only. 28 U.S.C. § 159. |
|                |     |   |           | Total claim  |
| Total claims   | 6a  | Domestic support obligations  | 6a.       | \$0.00   |
| from Part 1    | 6b  | Taxes and certain other debts you owe the government  | 6b.       | s  |
|                | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.       | \$   |
|                | 6d  | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.       | + \$0.00   |
|                | 6e. | Total, Add lines 6a through 6d.   | 6e.       | \$ 0.00  |
|                |     |   |           | Total claim  |
| Total claims   | 6f. | Student loans   | 6f.       | s0.00_   |
| from Part 2    | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.       | \$0.00_  |
|                | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.       | \$   |
|                | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.       | + \$   |
|                | 6j. | Total. Add lines 6f through 6i.   | 6j.       | \$   |

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| ıя                                       | llin this in                        | formation to identify   | your case:  |   |   |                                   | 3  |   |  |
|--|-------------------------------------|---|---|---|---|-----------------------------------|--|---|--|
| De                                       | ebtor                               | JACQUELINE<br>First Name  | Middle Name   | McF/  | ADDEN<br>Last Name                                      |                                   |  |   |  |
|  | ebtor 2<br>pouse if filing)         |   | Middle Name   |   | Last Name   |                                   |  |   |  |
| Ur                                       | nited States i                      | Bankruptcy Court for the:   | District of New   | / Jersey  |   |                                   |  |   |  |
|  | ise number<br>known)                | 24-14510  |   |   |   |                                   |  |   | Check if this is an amended filing   |
| L  |                                     |   |   |   |   |                                   |  |   | amended ming   |
| Of                                       | ficial F                            | Form 106G   |   |   |   |                                   |  |   |  |
| S  | chedu                               | ıle G: Exec   | cutory  | Contra  | cts and   | Un                                | expired Leases   | 5   | 12/15  |
| info                                     | rmation. II                         | te and accurate as po<br>f more space is need<br>ges, write your name   | ed, copy the a  | additional pa                                     | ge, fill it out, nu                                     | gether,<br>ımber th               | both are equally responsible<br>he entries, and attach it to this  | for supplying<br>s page. On th                          | g correct<br>e top of any  |
| 1.                                       | ₩ No. C                             |   | this form with t  | he court with                                     | your other sched  |                                   | ou have nothing else to report o<br>on <i>Schedule A/B: Property</i> (Offic                                    |   | VB).   |
| 2.                                       | List separ<br>example,<br>unexpired | rent, vehicle lease, o  | r company wi<br>cell phone). S                              | th whom you                                       | ı have the contr<br>tions for this forn                 | ract or le                        | ease. Then state what each co<br>instruction booklet for more exa  | ontract or lea<br>imples of exec                        | se is for (for<br>utory contracts and  |
|  | Person o                            | r company with whor   | m you have th   | ne contract o                                     | r lease   |                                   | State what the contract or le  | ease is for   |  |
| 2.1                                      |                                     | •   |   | •   |   |                                   |  | •   |  |
| PER APPLIANT                             | Name                                |   |   |   |   |                                   |  |   |  |
|  | Number                              | Street  |   |   |   | <b>-</b>                          |  |   |  |
| 1  | City                                |   | State ZIP Co  |   |   | _                                 |  |   |  |
| 2.2                                      | он накоменствости «плеточ           | COLLEGIO CONTRACTOR DE LO COMPANSO (NO PORTE E COLLEGIO DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE   | ografik († 4 m.) 411 september serie († † 12                | (東京)2月18時 中野原理 电视器混乱 6年數据                         | AND                 | Antogagana katan Gabut K          | 表现者 30周里 200 日前,1945 至,4年8月 多点的的现在分词,在2010年的经验,1946年(1946年),2010年(1949年)。                                      | e e grant e en vers tour de la carte a casa alles foi à | uuta kata minemaan kan kata kata kata kata kata kata ka  |
|  | Name                                |   |   |   |   |                                   |  |   |  |
|  | Number                              | Street  |   |   |   | -                                 |  |   |  |
| SECONDOTE                                | City                                |   | State ZIP Co  | ode   |   | -                                 | e germene menembles tanige klem jok talanis és minimal 1865 alaks taniansata annibes el visitentió anni 1865.  | nord haden droven from the grant of the second          |  |
| 2.3                                      | Nama                                |   |   |   |   | -                                 |  |   |  |
| *. * · · · · · · · · · · · · · · · · · · | Name                                |   |   |   |   |                                   |  |   |  |
|  | Number                              | Street  |   |   |   | _                                 |  |   |  |
| 2.4                                      | City                                | CONTRACTOR OF THE PROPERTY OF | State ZIP Co  | de  | o constitutivamen en e | menteres (A.C-gCNA) AssetSectives | A PARTIT I E CONTROL VILLAR ET INCUMENTALISMENT CONTROL VILLAR CONTROL L'ANGENCA L'ANGENCA PROPRIERA PROPRIERA | ekanok akteriatur fatteria te nimeter dianama           | TERRÍFET PATRICIPATION DE PETERA Ó PETER POPULAR POPULAR DA ARTICLA TERRÍFETA (PETERA DE PETERA DE PETERA DE P |
| 2.7                                      | Name                                |   |   |   |   | -                                 |  |   |  |
| İ  | Number                              | Street  |   |   |   | -                                 |  |   |  |
|  | City                                |   | State ZIP Co  | ode   |   | -                                 |  |   |  |
| 2.5                                      | ania la comenzación                 | illette (1950) ett 1964 til state for terresse ett er en plejan ett en ett en programme för en ett til ett  | a time experience escribinarional and estimate escribed and | eta in elektriski siininiski kastaliin ka arapuud |   | inganisi kandingan kandingan      |  |   | nder af finde med med die eine vertre de eine der de eine de e |
|  | Name                                |   |   |   |   | -                                 |  |   |  |
| and the second of                        | Number                              | Street  |   |   |   | -                                 |  |   |  |
|  |                                     |   |   |   |   | •                                 |  |   |  |

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| Fill in this in     | formation to identify     | your case;            |           |
|---------------------|---------------------------|-----------------------|-----------|
| Debtor 1            | JACQUELINE                | ٨                     | /cFADDEN  |
| ·                   | First Name                | Middle Name           | Last Name |
| Debtor 2            |                           |                       |           |
| (Spouse, if filing) | First Name                | Middle Name           | Last Name |
| United States I     | Bankruptcy Court for the: | District of New Jerse | еу        |
| Case number         | 24-14510                  |                       |           |
| (If known)          |                           |                       |           |
|                     |                           |                       |           |

### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Last | i iluilibei (i                         | i Kilowii). Aliswei                       | every question.   |                         |  |
|------|--|---|---|-------------------------|--|
| 1.   | Doyou ha<br>☐ No<br>☑ Yes              | ve any codebtors                          | ? (If you are filing a joint case, do                           | not list either spouse  | as a codebtor.)  |
| 2,   |  |   | you lived in a community pro<br>uisiana, Nevada, New Mexico, Po |                         | y? (Community property states and territories include shington, and Wisconsin.)  |
|      | No. Go                                 |   |   | ***                     |  |
|      |  | id your spouse, forr                      | ner spouse, or legal equivalent li                              | ve with you at the time | <i>!!</i>  |
|      | □ No                                   | - 1t.:-b                                  | atternation on towards and all constitutions                    |                         | Fill in the name and surrent address of that parson  |
|      | ₩ Yes                                  | s, in which commur                        | nty state or termory did you live?                              |                         | Fill in the name and current address of that person.   |
|      | Nar                                    | me of your spouse, forme                  | r spouse, or lagal equivalent                                   |                         | _  |
|      | Nur                                    | mber Street                               |   |                         | _  |
|      | City                                   | ,   | State   | ZłP Code                | _  |
|      | shown in I<br>Schedule i<br>Schedule i | line 2 again as a c<br>D (Official Form 1 | odebtor only if that person is a                                | guarantor or cosign     | or if your spouse is filing with you. List the person er. Make sure you have listed the creditor on lule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt  |
|      |  |   |   |                         | Check all schedules that apply:  |
| 3.1  | MARK                                   | MCFADDEN                                  |   |                         |  |
|      | Name                                   |   |   |                         | Schedule D, line   |
|      | Number                                 | Street                                    |   |                         | Schedule G, line   |
|      | 110111001                              | ·   |   |                         | Gotteddie G, inte  |
|      | City                                   |   | State   | ZIP Code                |  |
| 3.2  |  |   |   |                         | Schedule D, line   |
|      | Name                                   |   |   |                         | ☐ Schedule E/F, line   |
|      | Number                                 | Street                                    |   |                         | Schedule G, line   |
|      | Ch.                                    |   | State   | ZIP Code                |  |
| 3.3  | City                                   |   | 8,810   | ZIF COUE                | and an animal and a supplemental and the supplemental and a supplement |
| 0.0  | Name                                   |   |   |                         | Schedule D, line   |
|      |  |   |   |                         | ☐ Schedule E/F, line   |
|      | Number                                 | Street                                    |   |                         | ☐ Schedule G, line   |
|      | City                                   |   | State   | ZIP Code                |  |
|      |  |   |   |                         |  |

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|                  | Allin this in                              | formation to identify                             | your cases   |  | T-1                            |                               |   |  |
|------------------|--|---|--|--|--------------------------------|-------------------------------|---|--|
| [                | Debtor 1                                   | JACQUELINE  | MCFAE  |  |                                |                               |   |  |
|                  | Debtor 2                                   | First Name  |  | _ast Name                              |                                |                               |   |  |
| `                | Spouse, if filing)                         |   |  | asi Name.                              |                                |                               |   |  |
|                  | onited States E<br>Case number             | 24-14510  | District of New Jersey   |  |                                | Check if th                   | ole le:   |  |
|                  | (If known)                                 |   |  |  |                                |                               | ended filling                                       |  |
|                  | •  |   |  |  |                                | ☐ A supp                      | element showing postp                               |  |
| <u>o</u>         | fficial Fo                                 | rm 106l   |  |  |                                |                               | D/ YYYY   |  |
| S                | ched                                       | ule I: You  | ır Income  |  |                                |                               |   | 12/15  |
| su<br>If y<br>se | pplying con<br>you are sept<br>parate shee | rect information. If your<br>arated and your spou | ossible. If two married peopou are married and not filings is not filing with you, do top of any additional page | g jointly, and you<br>not include info | ur spouse is l<br>ormation abo | living with y<br>ut your spoi | ou, include information<br>use. If more space is ne | about your spouse.<br>eded, attach a   |
| ۱.               |  | employment  |  | Debtor 1                               |                                |                               | Debtor 2 or non-fili                                | na spouse  |
| :                | If you have                                | n.<br>more than one job,                          |  | CANADA SANTESTA                        |                                |                               |   | The second secon |
| :                | attach a se                                | parate page with about additional                 | Employment status  | Employed  Not employe                  | ed                             |                               | Employed Not employed                               | :  |
|                  | Include par<br>self-employ                 | t-time, seasonal, or<br>ed work.                  |  |  |                                |                               |   |  |
| :                | Occupation                                 | may include student<br>ker, if it applies.        | Occupation   | ADMIN ASSI                             | STANT                          |                               |   |  |
|                  |  |   | Employer's name  | EWING POLI                             | CE DEPT.                       |                               |   | ······································   |
|                  |  |   | Employer's address   |  |                                |                               |   |  |
|                  |  |   |  | Number Street                          |                                |                               | Number Street                                       |  |
|                  |  |   |  |  |                                |                               |   |  |
|                  |  |   |  |  | NJ                             |                               |   |  |
| :                |  |   | •  | City                                   | State ZIP C                    | Code                          | City  | State ZIP Code   |
|                  |  |   | How long employed there  | ? 10                                   |                                |                               | 10  | :  |
| ij               | art 2: 0                                   | ive Details About                                 | Monthly Income   |  |                                |                               |   | i  |
|                  |  | onthly income as of<br>ss you are separated.      | the date you file this form.   | If you have nothin                     | ng to report for               | r any line, wr                | ite \$0 in the space. Includ                        | le your non-filing   |
|                  |  |   | ve more than one employer,<br>tach a separate sheet to this  |  | rmation for all                | employers fo                  | r that person on the lines                          |  |
|                  |  |   |  |  | For I                          | Debtor 1                      | For Debtor 2 or non-filing spouse                   |  |
| 2.               |  |   | ary, and commissions (befo<br>calculate what the monthly w   |  | <sup>2.</sup> \$ 3,            | 481.00                        | \$  | :  |
| 3.               | . Estimate a                               | nd list monthly over                              | time pay.  |  | 3. +\$                         |                               | + \$  | !  |
| 4.               | Calculate                                  | gross income. Add lir                             | ne 2 + line 3.   |  | 4. \$_3,                       | 481.00                        | \$  | :  |

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| Debtor 1     | JACQUI<br>First Name                                | ELINE<br>Middle Name   | MCFADDEN<br>Lest Name   |             | Case number (##        | лочл)_24-14510                              |                         |
|--------------|---|--|---|-------------|------------------------|---|-------------------------|
|              |   |  |   | **********  | For Debtor 1           | For Debtor 2 or non-filing spouse           |                         |
| Сору         | line 4 here   | ***************************************  |   | <b>≯</b> 4. | \$                     | \$  |                         |
| 5, List a    | ll payroll ded                                      | uctions:   |   |             |                        |   |                         |
|              |   | e, and Social Secu   | urity deductions  | 5a,         | \$                     | \$  |                         |
|              | -   | ontributions for re  | ·   | 5b.         | \$                     | \$  |                         |
|              | •   | ntributions for ret  | •   | 5c.         | \$                     | \$  |                         |
| 5d, I        | Required repa                                       | ayments of retirer   | ment fund loans   | 5d,         | \$                     | \$  |                         |
| 5e. I        | nsurance  |  |   | 5e.         | \$                     | \$  |                         |
| 5f. I        | Domestic sup  | port obligations   |   | 5f.         | \$                     | \$  |                         |
| 5g. <b>l</b> | Jnion dues  |  |   | 5g.         | \$                     | \$  |                         |
| 5h. 0        | Other deducti                                       | ions. Specify:   |   | 5h.         | +\$                    | + \$  |                         |
| 6. Add       | the payroll d                                       | eductions. Add lin   | es 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  | 6.          | \$                     | \$  |                         |
| 7. Calc      | ulate total mo                                      | onthly take-home   | pay. Subtract line 6 from line 4.   | 7.          | \$                     | \$  |                         |
| 8. List a    | ill other incor                                     | ne regularly recei   | ived:   |             |                        |   |                         |
|              | Net income fr<br>profession, o                      |  | y and from operating a business,  |             |                        |   |                         |
| r            |   | ary and necessary  | erty and business showing gross business expenses, and the total  | 8a.         | \$                     | \$  |                         |
| 8b. li       | nterest and d                                       | lividends  |   | 8b.         | \$                     | \$  |                         |
| r            | egularly rece                                       | ive  | you, a non-filing spouse, or a depende  | ent         |                        |   |                         |
| · li         | nclude alimon<br>ettlement, and                     | y, spousal support<br>d property settleme  | , child support, maintenance, divorce<br>ent.   | 8c.         | \$                     | \$  |                         |
| 1            |   | nt compensation  |   | 8d.         | \$                     | \$  |                         |
| 8e. S        | Social Securit                                      | y  |   | 8e.         | \$                     | \$  |                         |
| i in         | nclude cash a<br>hat you receiv<br>lutrition Assist | ssistance and the v<br>e, such as food sta<br>tance Program) or  | hat you regularly receive<br>value (if known) of any non-cash assistar<br>amps (benefits under the Supplemental<br>housing subsidies. | ice<br>8f.  | \$                     | \$  |                         |
|              |   |  |   |             | *                      | · · · · · · · · · · · · · · · · · · ·       |                         |
| . 8g. F      | ension or ref                                       | tirement income  |   | 8g.         | \$                     | \$  |                         |
| 8h. <b>C</b> | Other monthly                                       | / Income. Specify:   |   | 8h.         | +\$                    | +\$   |                         |
|              |   |  | + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.          | \$                     | \$  |                         |
|              |   | income. Add line in 1991 in 19 | 7 + line 9.<br>and Debtor 2 or non-filing spouse.   | 10.         | <sub>\$</sub> 3,481.00 | + \$  | <b>=</b> \$ 3,481.00    |
| Includ       | -   |  | to the expenses that you list in Scheol departner, members of your household, y   |             |                        | ommates, and other                          |                         |
|              |   |  | cluded in lines 2-10 or amounts that are  |             |                        | nses listed in <i>Schedule J</i> .<br>11. • | • \$ <u>0.00</u>        |
|              |   |  | of line 10 to the amount in line 11. The  |             |                        | •   | s 3,481.00              |
|              |   | •  | Your Assets and Liabilities and Certain S   |             |                        | applies 12.                                 | Combined monthly income |
|              | lo.   | increase or decre  | ase within the year after you file this i   | form?       | ·                      |   |                         |
| . <b>Q</b> Y | es. Explain:  |  |   |             |                        |   |                         |

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| Fill in this inform                                    | nation to identify yo          | )u/(  |                          |   |                 |                               |
|--|--------------------------------|---|--------------------------|---|-----------------|-------------------------------|
|  | QUELINE                        | MCFADDEN  |                          | L. Elentrica  |                 |                               |
| First Debtor 2   | Name                           | Middle Name Last Name   |                          | heck if this is:                                    |                 |                               |
| (Spouse, if filing) First                              | Name                           | Middle Name Last Name   |                          | An amended f  | •               | petition chapter 13           |
| United States Bank                                     | ruptcy Court for the: Dis      | strict of New Jersey  |                          | expenses as o                                       |                 |                               |
| Case number 24   | -14510                         |   |                          | MM / DD / YYYY                                      | <del>, —</del>  |                               |
| 1  |                                |   |                          |   |                 |                               |
| Official For   |                                |   |                          |   |                 |                               |
| Schedul  | e J: You                       | r Expenses  |                          |   |                 | 12/15                         |
| -  | re space is needed,            | sible. If two married people are fi<br>attach another sheet to this for |                          |   |                 |                               |
| Part 11 Des  | cribe Your House               | ehold   |                          |   |                 |                               |
| 1. Is this a joint ca                                  | se?                            |   |                          |   | -               |                               |
| ☑ No. Go to lir<br>☐ Yes. <b>Does</b> D                | ne 2.<br>ebtor 2 live in a sep | parate household?   |                          |   |                 |                               |
| ☐ No   |                                |   |                          |   |                 |                               |
| ☐ Yes.   | Debtor 2 must file C           | Official Form 106J-2, Expenses for                                      | Separate Household of L  | Debtor 2.   | <del></del>     |                               |
| <ol><li>Do you have de<br/>Do not list Debto</li></ol> | _                              | ☑ No<br>☑ Yes. Fill out this information for                            |                          | nip to  | Dependent's age | Does dependent live with you? |
| Debtor 2.  Do not state the                            | denondents'                    | each dependent  | DAUGHTER                 | erican et distribute distribute del reservativo del | 22              | No No                         |
| names.   | перепоента                     | •   | <i>5</i> 7,00171ET       |   | Aca bear        | ☑ Yes                         |
|  |                                |   | DAUGHTER                 |   | 26              | Ŭ No<br>☑ Yes                 |
|  |                                |   |                          |   |                 | ☐ No                          |
|  |                                |   |                          |   |                 | Yes                           |
|  |                                |   |                          |   |                 | ☐ No<br>☐ Yes                 |
|  |                                |   |                          |   |                 | ☐ No                          |
|  |                                |   |                          |   |                 | ☐ Yes                         |
| 3. Do your expense expenses of per yourself and you    | ple other than                 | <b>2</b> Í No<br>□ Yes  |                          |   |                 |                               |
| Part 2: Estima   | nte Your Ongoing               | Monthly Expenses  |                          |   |                 |                               |
|  |                                | nkruptcy filing date unless you   | are using this form as   | a supplement in                                     | a Chapter 13 c  | ase to report                 |
| -  | -                              | uptcy is filed. If this is a supplem                                    | <del>-</del>             |   | •               | •                             |
| •  |                                | ash government assistance if yo   |                          |   | V               |                               |
|  |                                | on Schedule I: Your Income (Off   | ·                        |   | Your exper      | 18 <i>0</i> 8                 |
| any rent for the                                       |                                | enses for your residence. Include                                       | e first mortgage payment | s and<br>4.   | \$              | 2,200.00                      |
| If not included  |                                |   |                          | _   | œ.              |                               |
| 4a. Real estate  |                                | aufa ta accusa a  |                          | 4a,   | \$              | 138.00                        |
| • •  | omeowner's, or rente           |   |                          | 4b.   | \$              |                               |
|  | ntenance, repair, and          |   |                          | 4c.   |                 |                               |
| 4d. Homeowne   | er's association or co         | Ruominium ques  |                          | 4d.   | \$              |                               |

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Debtor 1 JACQUELINE MCFADDEN Case number (# known) 24-14510

|     |   | ı.   | Your expenses |
|-----|---|------|---------------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.   | \$            |
| 6   | Utilities:  |      |               |
| v.  | 6a. Electricity, heat, natural gas  | 6a.  | \$342.00      |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$400.00      |
|     | 6d. Other Specify:  | 6d.  | \$            |
| 7.  | Food and housekeeping supplies  | 7.   | \$620.00      |
| 8.  | Childcare and children's education costs  | 8.   | \$            |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | \$            |
| 10. | Personal care products and services   | 10.  | \$100.00      |
| 11. | Medical and dental expenses   | 11.  | \$200.00      |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.  | \$            |
| 40  | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$            |
| 13. | Charitable contributions and religious donations  | 14.  | \$            |
| 14. | •   | 17.  | Ψ             |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |               |
|     | 15a. Life insurance   | 15a. | \$            |
|     | 15b. Health insurance   | 15b. | \$            |
|     | 15c. Vehicle insurance  | 15c. | \$ 250.00     |
|     | 15d. Other insurance. Specify:  | 15d. | \$            |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16.  | \$            |
| 17. | Instailment or lease payments:  |      | •             |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$            |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$            |
|     | 17c. Other, Specify:  | 17c. | \$            |
|     | 17d. Other. Specify:  | 17d. | \$            |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.  | \$            |
|     |   |      | Φ             |
| 19. | Other payments you make to support others who do not live with you.   | 10   | \$            |
|     | Specify:  | 19.  | Ψ             |
| 20, | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | e.   |               |
|     | 20a. Mortgages on other property  | 20a. | \$            |
|     | 20b. Real estate taxes  | 20ხ. | \$            |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$            |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$            |

Schedule J: Your Expenses

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| Debtor 1      | JACQUELINE MCFADDEN First Name Middle Name Last Name   | Case number (if known) 24  | -14510              |
|---------------|--|--|---------------------|
| 21. Other. S  | pecify:  | 21.  | +\$                 |
| 22. Calculate | e your monthly expenses.   |  |                     |
| 22a. Add      | lines 4 through 21.  | 22a.   | \$4,250.00          |
| 22b. Cop      | y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | 22b.   | \$0.00              |
| 22c. Add      | line 22a and 22b. The result is your monthly expenses.   | 22c.   | \$                  |
| 23. Calculate | your monthly net income.   |  | s 3,481.00          |
| 23a. Cop      | by line 12 (your combined monthly income) from Schedule I.   | <b>23</b> a.   | \$ 3,401.00         |
| 23b. Cop      | y your monthly expenses from line 22c above.   | 23b.   | -\$ <u>4,250.00</u> |
|               | etract your monthly expenses from your monthly income.  result is your monthly net income.   | 23c.   | \$                  |
| For examp     | spect an increase or decrease in your expenses within the year after you find the year after you find the year after you find the year or do you expect to finish paying for your car loan within the year or do you expend to increase or decrease because of a modification to the terms of your | pect your  |                     |
| Yes.          | Explain here:  | and the state of t |                     |
|               |  |  |                     |

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| Fill in this in  | formation to identify | / your case: |           |  |
|--|-----------------------|--------------|-----------|--|
| Debtor 1   | JACQUELINE            | 1cFADDEN     |           |  |
|  | First Name            | Middle Name  | Last Name |  |
| Debtor 2   |                       |              |           |  |
| (Spouse, if filing)  | First Name            | Middle Name  | Last Name |  |
| United States Bankruptcy Court for the: District of New Jersey |                       |              |           |  |
| Case number  | 24-14510              |              |           |  |
| (If known)   |                       |              |           |  |
|  |                       |              |           |  |

| Check as directed in lines 17 and 21:                                      |
|--|
| According to the calculations required by this Statement:                  |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).       |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).           |
| 3. The commitment period is 3 years.  4. The commitment period is 5 years. |
| Check if this is an amended filing   |

Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

|    | art H Calculate Your Average Monthly Income  | <b>e</b>                      | ~~~                           |              |                      |  |  |
|----|--|-------------------------------|-------------------------------|--------------|----------------------|--|--|
| 1. | What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.   |                               |                               |              |                      |  |  |
|    | ✓ Married. Fill out both Columns A and B, lines 2-11.  |                               |                               |              |                      |  |  |
|    | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.O. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. |                               |                               |              |                      |  |  |
|    |  |                               |                               |              | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |  |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).  | l commissio                   | ns (before a                  | II           | \$ <u>3,481.00</u>   | \$   |  |
| 3. | Alimony and maintenance payments. Do not include payments from a spouse.   |                               |                               | \$           | \$                   |  |  |
| 4. | All amounts from any source which are regularly paid f<br>you or your dependents, including child support. Include<br>an unmarried partner, members of your household, your de<br>roommates. Do not include payments from a spouse. Do no<br>listed on line 3.   | de regular co<br>ependents, p | ntributions fr<br>arents, and |              | \$                   | \$   |  |
| 5. | Net income from operating a business, profession, or farm  | Debtor 1                      | Debtor 2                      |              |                      |  |  |
|    | Gross receipts (before all deductions)   | \$                            | \$                            |              |                      |  |  |
|    | Ordinary and necessary operating expenses  | - \$                          | <b>- \$</b>                   |              |                      |  |  |
| •  | Net monthly income from a business, profession, or farm  | \$                            | . \$                          | Copy<br>here | \$                   | \$   |  |
| 6. | Net income from rental and other real property   | Debtor 1                      | Debtor 2                      |              |                      |  |  |
|    | Gross receipts (before all deductions)   | \$                            | \$                            |              |                      |  |  |
|    | Ordinary and necessary operating expenses  | - \$                          | - \$                          |              |                      |  |  |
|    | Net monthly income from rental or other real property  | \$                            | \$                            | Copy         | \$                   | \$   |  |

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| Debtor 1  | JACQUELINE First Name Middle Name  | McFADDEN<br>Last Name  | Case number (if kno                     | wn) 24-14510   |  |
|---|--|--|---|--|--|
| (Albamando duma morpulações, para para para para para para para par           | Mildel (T) des de la COS (T) de la Lista de la mesta des septembres de la companya del companya de la companya de la companya del companya de la companya de la companya del companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del  companya del companya del companya del companya del companya de | May ( Market Market ) property ( April 1976) of the Private Park Advisor ( Market Mark | Column A<br>Debtor 1                    | <i>Column B</i><br>Debtor 2 or<br>non-filling spouse | PPIS TO TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL O |
| 7. Interest,  | dividends, and royalties   |  | \$                                      | \$   | Ÿ.   |
| -   | yment compensation   |  | \$                                      | \$   | -  |
|   | nter the amount if you contend that<br>I Security Act. Instead, list it here   | at the amount received was a benefit under   |   |  |  |
| For you   | u,   | \$   |   |  |  |
| For you   | ur spouse  | \$   |   |  |  |
| benefit ur<br>not includ<br>States Go<br>death of a<br>under cha<br>exceed th | nder the Social Security Act. Also,<br>le any compensation, pension, pa<br>overnment in connection with a di<br>a member of the uniformed servic<br>apter 61 of title 10, then include the   | clude any amount received that was a , except as stated in the next sentence, do ay, annuity, or allowance paid by the United sability, combat-related injury or disability, or es. If you received any retired pay paid nat pay only to the extent that it does not you would otherwise be entitled if retired hapter 61 of that title.   | s                                       | \$   |  |
| Do not ind<br>as a victir<br>terrorism;<br>States Go<br>or death o            | clude any benefits received under<br>n of a war crime, a crime against<br>or compensation, pension, pay, a<br>overnment in connection with a dis   | l above. Specify the source and amount.  r the Social Security Act; payments received humanity, or international or domestic annuity, or allowance paid by the United sability, combat-related injury or disability, vices. If necessary, list other sources on a  | \$                                      | ø  |  |
|   |  | 11.  | φ                                       | \$   | -  |
|   |  | 44   | <b>\$</b>                               | \$   | _  |
| Total an  | nounts from separate pages, if an  | y.   | +\$                                     | + \$   | •  |
|   | your total average monthly inc<br>hen add the total for Column A to  | come. Add lines 2 through 10 for each of the total for Column B.   | \$ 3,481.00                             | + \$   | Total average monthly income   |
| Part 2:   | Determine How to Measure   | Your Deductions from Income  |   |  |  |
| 12. Copy you  | r total average monthly income   | from line 11   | *************************************** |  | \$ 3,481,00  |
| 13. Calculate   | the marital adjustment. Check  | one:   |   |  |  |
| You ar  | re not married. Fill in 0 below.   |  |   |  |  |
| 🗹 You ar  | re married and your spouse is filin<br>re married and your spouse is not   | t filing with you.   |   |  |  |
| you or  | the amount of the income listed in<br>ryour dependents, such as paymaryour dependents.   | n line 11, Column B, that was NOT regularly<br>ent of the spouse's tax liability or the spouse   | paid for the househors support of someo | old expenses of<br>ne other than                     |  |
|   | , specify the basis for excluding the ditional adjustments on a separate   | his income and the amount of income devote e page.   | ed to each purpose.                     | If necessary,  |  |
| If this   | adjustment does not apply, enter   | 0 below.   |   |  |  |
| <u></u>   |  |  | \$                                      |  |  |
|   |  |  | \$                                      |  |  |
|   |  |  | + \$                                    | :  |  |
| Total   |  |  | \$0                                     | Copy here  | 0  |
| 14. Your curre  | ent monthly income. Subtract the   | e total in line 13 from line 12.   |   |  | \$ <u>3,481.00</u>   |

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| Debtor  | 1 JACQUELINE First Name Middle Name  | McFADDEN  | Case number (# known) 24-14510   |  |
|---|--|---|--|--|
|   |  |   |  |  |
| j   |  | ne for the year. Follow these steps:  |  | \$ <u>3,481.00</u>                     |
| 15a. Copy line 14 here                                    |  |   |  |  |
| Multiply line 15a by 12 (the number of months in a year). |  |   |  |  |
| 15b.  | The result is your current monthly i   | ncome for the year for this part of the   | fom  | \$ <u>41,772.00</u>                    |
| 16. <b>Cal</b> e  | culate the median family income  | hat applies to you. Follow these ste  | POST:  | ************************************** |
| 16a.  | Fill in the state in which you live.   | NJ  |  |  |
| 16b.  | Fill in the number of people in you  | r household.  |  |  |
| 16c.  | To find a list of applicable median  | r your state and size of household<br>income amounts, go online using the<br>nay also be available at the bankrupto | link specified in the separate<br>sy clerk's office.   | <sub>\$_</sub> 151,181. <u>ណ</u>       |
| 17. How   | do the lines compare?  |   |  |  |
| 17a.  | Line 15b is less than or equal to 11 U.S.C. § 1325(b)(3). Go to              | o line 16c. On the top of page 1 of thi<br>Part 3. Do NOT fill out Calculation of                                   | s form, check box 1, Disposable income is not dete<br>Your Disposable Income (Official Form 122C–2). | ermined under                          |
| 17b.  | Line 15b Is more than line 16c. 11 U.S.C. § 1325(b)(3). Go to                | On the top of page 1 of this form, che  | eck box 2, Disposable income is determined under<br>ur Disposable Income (Official Form 122C-2).     |  |
| Part 3:   |  | nent Period Under 11 U.S.C. §   |  |  |
| 18 Conv   | your total average monthly ince  | no from line 44   |  | 0.404.00                               |
|   |  |   |  | \$ <u>3,481.00</u>                     |
| calcu<br>the a  | lating the commitment period under<br>mount from line 13.                    | 11 U.S.C. § 1325(b)(4) allows you to  | is not filing with you, and you contend that deduct part of your spouse's income, copy               | ۰                                      |
| 19b.  | Subtract line 19a from line 18.  |   |  | - \$ 0<br>\$ 3,481.00                  |
|   |  |   |  | \$ 0,401.00                            |
| 20. Calçı   | alate your current monthly incom   | e for the year. Follow these steps:   |  |  |
| 20a.  | Copy line 19b  |   |  | \$_3,481.00                            |
|   | Multiply by 12 (the number of montl  | ns in a year).  |  | x 12                                   |
| 20b.  | The result is your current monthly in  | come for the year for this part of the f  | orm.   | \$ <b>41,772.00</b>                    |
| 20c. C  | opy the median family income for y   | our state and size of household from i  | ine 16c  | <sub>\$</sub> 151,181. <b>្ឋ្</b>      |
| t. How  | do the lines compare?  |   |  |  |
| <b>7</b> 1  | og 20h je loeg than line 20g timber.   | othonuloo andd have the second  |  |  |
| Th  | ne commitment period is 3 years. G   | otherwise ordered by the court, on the other transfer of the Part 4.  | e top of page 1 of this form, check box 3,   |  |
|   |  |   |  |  |
| Lir<br>ch   | ne 20b is more than or equal to line eck box 4, <i>The commitment period</i> | 20c. Unless otherwise ordered by the is 5 years. Go to Part 4.  | court, on the top of page 1 of this form,  |  |

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| Debtor 1 | JACQUELINE<br>First Name Middle Name                              | McFADDEN<br>Last Name                 | Case number (if known) 24-14510   |
|----------|---|---------------------------------------|---|
| Part 4:  | Sign Below  |                                       |   |
|          | By signing here, under benally                                    | of herjury I declare that the informa | tion on this statement and in any attachments is true and correct.  Signature of Debtor 2 |
|          | Date 06/17/2024 MM / DD / YYYYY                                   |                                       | Date  |
|          | If you checked 17a, do NOT fill If you checked 17b, fill out Forr |                                       | On line 39 of that form, copy your current monthly income from line 14 above.             |